



COUNTY OF LOS ANGELES

CHIEF INFORMATION OFFICE

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September 10, 2002

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Yvonne Brathwaite Burke, Chair Pro Tem
Supervisor Gloria Molina
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: ~~Jon W. Fullinwider~~
~~Chief Information Officer~~

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT – STATUS

During your meeting of June 19, 2001, your Board directed the Chief Administrative Officer and the Chief Information Officer to report on Health Insurance Portability and Accountability Act of 1996 (HIPAA) initiatives undertaken by the County. Attachment A is a matrix of HIPAA-related contract expenditures. Attachment B provides a summary of expenditures with the Internal Services Department (ISD) related to HIPAA. Attachment C is an overall summary of the County's HIPAA compliance efforts to date, including Transactions and Code Sets, Privacy, and Security. Attachments D, E, F, and G are the work plans for the County's HIPAA compliance activity.

On August 8, 2002, the Department of Health and Human Services (HHS) finalized significant changes to the HIPAA Privacy rules. The final rules were essentially consistent with provisions described in a memo to your Board on May 16, 2002, by Lloyd W. Pellman, County Counsel. His memo was provided as Attachment H to the June 2002 HIPAA status report.

The changes to the Privacy rules did not change the privacy compliance deadline; it remains April 14, 2003. The rule changes do, however, have a significant impact on the work of the Los Angeles County HIPAA Compliance Task Force. Under the original Privacy rules, 13 County Departments were believed to be subject to HIPAA Privacy rules. The revised rules clarify that healthcare provider or payer organizations that perform any of the HIPAA specified transactions electronically are subject to the Privacy rules. Provider or payer organizations that do not perform the HIPAA transactions electronically may choose whether or not they want to be subject to the Privacy rules.

In Los Angeles County, the Department of Health Services (DHS), the Department of Mental Health, and the Probation Department's (Probation) Kirby Center all perform HIPAA transactions electronically and are therefore subject to the HIPAA Privacy rules. The remaining 10 County departments participating in the HIPAA Compliance Task Force have a choice. After extensive analysis with the involved departments and consultations with Foley-Lardner, the County's outside counsel for HIPAA matters, the Task Force's recommendation for seven of the 10 departments is that they elect not to be subject to HIPAA. The HIPAA Task Force recommendation and input from Foley-Lardner identify five departments that function as support organizations and are therefore subject to the "Business Associate" provisions of the Privacy rules. Attachment C describes the recommendation for each of the departments involved in the HIPAA Compliance Task Force. Foley-Lardner is preparing a letter providing their assessment of the recommendations which will be forwarded to your Board. Subsequently, a Board letter will be submitted recommending your Board's approval and adoption of the HIPAA recommendations.

Electronic Transactions and Code Sets

DHS, DMH and the Kirby Center in Probation are subject to the Transactions and Code Sets (TCS) rules. Probation's HIPAA Transaction-related issues are relatively minor since DMH executes the one and only HIPAA Transaction used by the Kirby Center on Probation's behalf.

The current deadline for compliance with the Transactions and Code Sets (TCS) rules of HIPAA is October 16, 2002. The CIO advised the Board in an August 23, 2002, letter that the CIO will, on behalf of the County and before October 1, 2002, file an electronic request to extend the TCS deadline to October 16, 2003. In order to apply for an extension, the County must have a plan to achieve compliance by October 16, 2003, and begin testing compliant transactions by April 16, 2003. The County must also have funding to support the compliance plan. The County's application for extension will combine the plan and funding information from DHS and DMH into a single application. Probation will also be included under the extension application. However, they will become TCS compliant through the compliance activities implemented by DMH. As mentioned above, DMH processes their claim transactions therefore a separate plan is not necessary. On September 3, 2002 your Board approved a contract with Sierra Systems, Inc. to provide a TCS compliant solution that includes some elements of HIPAA Privacy and Security as they relate to the "integrated system" to be delivered. This project has an aggressive time line driven by the requirement to begin testing HIPAA compliant transactions by April 16, 2003.

DHS is in a different position than DMH with regard to TCS compliance. DHS hospitals and associated clinics all use the QuadraMed Affinity hospital information system. The "M1 release" of Affinity is considered "HIPAA compliant" in that it captures and stores required HIPAA data elements in the required format for the HIPAA required transactions. The "M1 release" is already in testing at some DHS facilities. Clearinghouse services already in use will enable DHS to produce claims and receive remittance advice transactions with minimal change to business

processes. One pair of transactions for eligibility and enrollment may require the purchase of new packaged software and that is being evaluated.

DHS has recently reorganized its HIPAA compliance project and has identified a manager to provide leadership for TCS compliance activities in hospitals and clinics, Public Health Programs and Services (PHP&S), and the Office of Managed Care (OMC). Each of these areas has different TCS compliance issues and systems environments, and though there is now designated departmental coordination, they do have fundamentally different tasks and challenges in achieving HIPAA compliance. The DHS TCS compliance work plan is being revised to incorporate consultant recommendations and is in review. It is also being updated to reflect work already accomplished.

OMC has been evaluating outsourcing its information processing functions to a service provider that has a system that will be compliant. This reduces their TCS compliance task to policy and procedure modifications, if this strategy is successful. They can be made compliant in their current environment if outsourcing isn't feasible, but that is a less satisfactory approach since their current system does not fully meet their business needs and must be replaced or outsourced.

PHP&S has relatively low transaction volumes and three, possibly four systems will need to be brought into compliance. Three of the identified systems are known to need modification to be brought into compliance. PHP&S knows the tasks required to achieve compliance and is working with the vendors that provide software maintenance services to make required system changes. The DHS HIPAA Compliance TCS Consultant, Fox Systems, Inc., and DHS have not reached agreement regarding the need for changes to the fourth system to achieve compliance; the system's analysis is continuing.

The State of California took a preliminary position that DHS must submit itemized claims for reimbursement for patient services in order to comply with HIPAA. DHS currently bills for patient services on an all inclusive rate basis (all services and supplies included in a single charge per visit or inpatient day). DHS sent a letter to the State of California on March 7, 2002, taking a position that DHS can and will continue its present practice of all-inclusive billing and fully comply with HIPAA TCS rules. The State has subsequently stated that they concur with the DHS position and will work with DHS to determine the appropriate coding to allow DHS to continue all-inclusive billing.

For both DMH and DHS, completion of testing will be dependent upon State and federal contracted fiscal intermediaries. The State has decreased funding for HIPAA compliance. The State and their fiscal intermediary's preparations for HIPAA compliance and related testing are beyond the County's control, but could impact the County's ability to complete required testing.

The Auditor-Controller (AC), Internal Services Department (ISD), and Treasurer and Tax Collector (TTC) do not perform any of the HIPAA transactions themselves, but they do assist and participate in the execution of some of these transactions with DHS and DMH. Based on an August 30, 2002, conference call with Foley-Lardner, these three departments will be subject to the Business Associate provisions of the Privacy rules. The letter that Foley-Lardner is preparing will address recommendations defining the requirements for these departments to comply with HIPAA rules.

HHS issued proposed changes to the TCS rules on May 31, 2002. The proposed changes are technical in nature, for example, making some data elements optional rather than required, and do not in any substantial way change the TCS compliance task.

National Identifiers

The complete set of HIPAA rules for national identifiers for individuals, providers, and clearinghouses have not been finalized. The final national identifier rules for employers were finalized on May 31, 2002. The proposed identifier rules for health plans were anticipated to have an August 2002 release, but have not been published to date. The national identifier for individuals is on hold indefinitely.

Privacy

The Privacy regulations compliance date remains April 14, 2003, approximately eight-months away.

Interviews have been conducted for the County Information Privacy Officer (CIPO) and a selection is anticipated before the next status report. This is a very important step to achieving HIPAA compliance. DHS and County Counsel participated in the interview process for the CIPO.

As requested in a letter I sent to DHS, DMH, and the Sheriff recommending that they name a Departmental Privacy Officer or Privacy liaison to function as a liaison to the CIPO, all three departments have identified someone for that role. However, the recent revisions in the Privacy rules places the Sheriff among the departments that are judged not subject to HIPAA, because they do not generate any of the "HIPAA covered transactions".

The Chief Administrative Office's Service Integration Branch (SIB) and County Counsel (CC) have not been previously identified as impacted by HIPAA. Based on the conference call with Foley-Lardner on August 30, 2002, it appears that both will be subject to the Business Associate provisions of the Privacy rules to the extent that they come into contact with Protected Health Information in the course of their work. This will be addressed in the letter being prepared by Foley-Lardner.

Security

The final rules for Security are not yet published. HHS announced they would be ready for an August 2002 release, but they have not appeared and reports are circulating that release is more likely near the end of 2002.

While the HIPAA Security Rules are expected to apply to the same departments as the Privacy Rules, a "County Overall Status" category has been introduced in Attachment C because Security planning is being conducted at the County level and it would be awkward, and probably misleading, to attempt to report status on HIPAA Security department-by-department. Both DHS and DMH have completed security assessments as part of their overall HIPAA assessments and both are involved in countywide security planning.

The County has not waited for the final HIPAA Security rules to get started. The County's Cyber Terrorism Task Force is working towards a comprehensive, coherent security program. Security will be a continuing responsibility of the County as long as we have information assets that can be compromised.

Critical to this continuing security program is hiring a Chief Information Security Officer (CISO) for the County. The bulletin for the CISO was posted on August 9, 2002. DHR posted a bulletin for an Information Security Specialist, a supporting position to the CISO, on May 20, 2002, and a certification list has been generated.

County Actions and Planned Expenditures

Contract work authorized to date for HIPAA-related activities totals \$11.4 million. This does not include the \$19.1 million anticipated for the DMH TCS contract on the September 3, 2002, Board Agenda. Of this amount, \$4.7 million was spent on or before August 22, 2002. There are consultant deliverables in the review and approval process and remediation activity in DHS is increasing, so the amount spent can be expected to increase by the next report.

The next HIPAA Status Report to the Board will be submitted on December 2, 2002.

If you have questions or require additional information, please contact me at (213) 974-2008.

JWF:BG:ygd

Attachments

c: Chief Administrative Officer
Executive Officer, Board of Supervisors
Department Heads
Information Systems Commission

Summary of HIPAA-Related Contract Expenses for Los Angeles County

Description	County Agreement No.	Board Approval Date Where Applicable	Agreement Term	HIPAA Expenditures as of 08/22/02	Remaining Authorization	Estimated HIPAA Amount	Status
IPAA assessment and e plan consultant. Security assessment ct.	ITSSMA work order # N78-0008	4/10/2001 through 5/12/2002	\$1,115,000	\$1,115,000	\$0	\$1,115,000	Comdisco declared bankrupt. The contract has been transferred to SecureSoft Systems Inc.
IPAA assessment and e plan consultant. These personal Health, Public and OMC.	ITSSMA work order # N78-0021	5/13/2002 through 4/10/2003	\$2,360,000	\$1,265,000	\$1,105,000	\$2,360,000	All reports final or in review except for the cross walk of HIPAA Privacy rules to California Privacy law, JCAHO rules, etc.
Repository programming	H-209555	7/1/2001 through 6/30/2004	\$422,880	\$26,353	\$396,527	\$105,720	HIPAA work is in progress.
	H-205964						
	H-205965						The HIPAA portion of this contract allows DHS to begin to capture additional data related to HIPAA transactions and code sets. (This item appears to be only very marginally related to HIPAA. It appears to be, instead, a continuing operational responsibility of DHS that would be necessary with or without HIPAA. If this is verified and there are no objections, this line item will be deleted in the next report.)
	H-205967						
	73249-1	7/1/2001 through 12/31/2002					
	H-205962	6/26/2001	\$8,847,880	\$3,476,469	\$5,371,411	\$5,280,720	

Summary of HIPAA-Related Contract Expenses for Los Angeles County

Attachment A

Description	County Agreement No.	Board Approval Date Where Applicable	Agreement Term	Authorized Amount	HIPAA Expenditures as of 08/22/02	Remaining Authorization	Estimated HIPAA Amount	Status
Transactions & Code Sets - assessment & e plan	ITSSMA work order # N7E-0007 Purchase Order S41521	5/16/2001 through 10/31/02 N/A		\$941,000 \$45,000	\$746,400 \$0	\$194,600 \$0	\$941,000 \$45,000	Contract terminated, work complete
Privacy & Security consultant - Maint & compliance plan								Potential contract cost is \$28,835,266 if maintenance extended for up to 7 years beyond original maintenance term.
Transactions and Code Sets - Remediation	not yet assigned	9/3/2002	9/3/2002- 2/2007	\$19,117,206	\$0	\$0	\$19,117,206	
County Counsel & various outside counsel coordinated through counsel related to HIPAA	County Counsel & various outside counsel as needed				\$250,000		\$250,000	
					\$20,103,206	\$1,041,400	\$19,311,806	\$20,353,206
Blanket								Continuing to work with the Service Integration Branch.
Contractor, working under agreement to provide outside services to County, is expert legal guidance on of and compliance with amounts shown are						\$30,000 *	\$30,000	\$30,000

Summary of HIPAA-Related Contract Expenses for Los Angeles County

Attachment A

Description	County Agreement No.	Board Approval Date Where Applicable	Agreement Term	Authorized Amount	HIPAA Expenditures as of 08/22/02	Remaining Authorization	HIPAA Amount	Estimated	Status
Outside security assessment & guidance coordinated through counsel related to HIPAA issues	N/A			\$0					A Statement of Work for an RFP was drafted, but has been put on hold pending hiring a County Information Security Officer.
Assistance for HIPAA compliance implementation	Blanket	5/1/1997 Continuing		\$1,550,000		\$1,428,205	\$1,550,000	\$1,428,205	Foley & Lardner has been working with HIPAA Compliance Task Force, County Counsel, and individual departments providing HIPAA-related legal advice.
					\$121,795				This item is on hold pending hiring a County Information Privacy Officer.
					\$0				
					\$1,550,000	\$121,795	\$1,550,000	\$1,428,205	
					\$30,531,086	\$4,669,664	\$26,111,422	\$27,213,926	

voices.

Summary of HIPAA-Related Expenditures with ISD/ITS for Los Angeles County

Attachment B

Dept.	HIPAA Section	Description	HIPAA Expenditures to Date	Planned Expenditures this FY	Planned Expenditures FY 2002/2003	Status
DHS						Nothing to report.
DMH	Transactions & Code Sets, Privacy, Security, Unique Identifiers County Total	ISD is working closely with DMH on all assessment, gap analysis, and remediation tasks related to the Mental Health Information System hosted on the ISD mainframe.	\$242,418	\$242,418	\$242,418	DMH and ISD/ITS expect significant increases in expenditures this fiscal year and next. However, at this time the departments are developing a useful projection of the amounts and will provide them following evaluation of vendor solutions.

**ATTACHMENT C
(VERSION I)**

KEY IS COLOR COLODED

HIPAA Impact on LA County Departments – August 2002 Update

(or greater)
an Y2K, but still requiring a team effort to accomplish)

: behind schedule (caution)
s behind schedule (warning)

Ability to Meet Deadline Key:

- = based on current information, it appears achievable
- = there are significant obstacles or areas of uncertainty or concerns about resources (caution)
- = there are clearly identifiable threats or resources significantly below requirements (warning)

Transactions & Code Sets (Deadline 10/16/2002)	Privacy (Deadline 4/14/2003)	Security (Anticipated deadline about 2/2005)	Comment
1	1	1	 <p>The modifications to the Privacy rules proposed in March 2002 became final on August 8, 2002, in substantially the form in which they were proposed. There are two key provisions that are important to the County. First, the new rules eliminate the requirement to obtain consent for the use of Protected Health Information (PHI). This requirement would have imposed some obstacles to delivery of healthcare. The revision to the Privacy rules replaces the consent with a Notice of Privacy Practices that the patient is requested, but not required, to sign.</p> <p>The second change is a clarification regarding the application of the Privacy rules. The new rules make it clear that only organizations, including the components of a hybrid entity such as the County, that perform HIPAA transactions are required to comply with the Privacy rules. Organizations that provide healthcare or handle protected health information (PHI), so long as they do not perform HIPAA transactions, may choose whether they will be subject to the Privacy rules. The consequences for the County are enormous. Of the 13 departments that are involved in the HIPAA Compliance Task Force, only three perform any of the HIPAA covered transactions. The remaining 10 departments have been analyzed, in many cases with assistance from Foley and Lardner, the County's outside counsel on HIPAA matters, to determine their status. Recommendations are being formulated for submission to the Board for their action. The departmental summaries below preview those recommendations.</p>

Transactions & Code Sets (Deadline 10/16/2002)	Privacy (Deadline 4/14/2003)	Security (Anticipated deadline about 2/2005)	Comment
		<p>The status indicated under Transactions and Code Sets reflects issues described in detail in the DHS and DMH sections below. The schedule status remains at a warning level, however, Federal law allows the County to request a 1 year postponement of the Transactions and Code Sets compliance deadline extending it to October 2003. It is in the County's interests to request such an extension and the CIO will submit the application for extension, electronically, before October 1, 2002.</p> <p>Much of the Privacy work is at the department level, however, the County is hiring an Information Privacy Officer per HIPAA requirements. This position will report to the County's Chief Information Officer. Candidate interviews have begun, but have not been completed at the time of this report.</p> <p>Security is being assessed at the County level, taking into account work at DHS and DMH because of their urgent need to get an early assessment of their status. The final security rules have not been published, and, while few changes were expected from the draft rules, the continuing delay in releasing them suggests that modifications from the draft rules may not be trivial. The County will be significantly challenged to achieve full compliance within the allotted 26 months after final publication of the rules. The CIO is attempting to get an early start to give the County the best possible chance of succeeding. The Cyber Terrorism Task Force has developed proposals that move the County towards a security program that will meet HIPAA requirements. The County has released job bulletins for the County Information Security Officer and the Information Security Specialist positions. They will lead the County's security program development efforts once hired. While this activity is more than 30days behind the original schedule, the color coding is changed in this report to green reflecting that, with the delay in release of the Security rules, and the continuing preparations on the part of the County, timely HIPAA Security compliance appears achievable.</p>	

Transactions & Code Sets	Privacy	Security (Anticipated deadline about 2/2005)	Comment
(Deadline 10/16/2002)	(Deadline 4/14/2003)	Systems, Inc., the DHS HIPAA Compliance Consultants, are either complete or in review. Remediation work plans based on the consultant recommendations are in the review process for both TCS and Privacy. The Security plan will await the arrival of contract resources.	Fox Systems, Inc., the DMH HIPAA Compliance Consultant, has completed its work and provided DMH with a HIPAA Compliance Plan. Based on that plan, DMH submitted a contract with Sierra System, Inc. to the Board for approval on the September 3, 2002, Agenda. This contract will provide DMH with a HIPAA compliant solution for TCS as well as Privacy and Security where it relates directly to the operation and use of the "integrated system solution" that Sierra will provide. The Board approved the contract with Sierra Systems on September 3, 2002. DMH has established a Privacy Officer and has a team actively working on compliance with HIPAA Privacy rules. They are addressing provider contract issues, writing new or revised policies, and providing initial

Transactions & Code Sets (Deadline 10/16/2002)	Privacy (Deadline 4/14/2003)	Security (Anticipated deadline about 2/2005) DMH has focused internal resources on improving information security, but anticipates requiring investments to address physical security requirement, operation changes, staffing and technology to comply with the anticipated level of security required by HIPAA. The Sierra Contract will address the HIPAA Security rules related to the system solution provided under their contract. training to DMH staff.
0	0	
N/A	N/A	The Sheriffs Department has confirmed in writing that they perform none of the HIPAA transactions. Under the revised Privacy rules, the Sheriff is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that the Sheriff remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.
N/A	N/A	The cells to the left have been changed to reflect this recommendation.
0	0	DPSS has confirmed that they perform none of the HIPAA transactions. Under the revised Privacy rules, the DPSS is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that DPSS remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002. The cells to the left have been changed to reflect this recommendation.
N/A	N/A	
N/A	N/A	

Transactions & Code Sets (Deadline 10/16/2002)	Privacy (Deadline 4/14/2003)	Security (Anticipated deadline about 2/2005)	Comment
3	3	3	Probation has confirmed that they perform one HIPAA transactions at the Kirby Center. This is a health care claim transaction that is executed by DMH through its Mental Health Management Information System (MHMIS). Under the revised Privacy rules, Probation may decide to have the entire department subject to HIPAA or confine the application of the HIPAA rules to the Kirby Center. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that Probation confine the application of HIPAA rules to the Kirby Center. The remainder of Probation's programs and services should remain outside the healthcare component of the County hybrid entity and therefore exempt from HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.
			The cells to the left have been changed to reflect this recommendation. The color coding reflects the status of the DMH HIPAA compliance effort because Kirby Center TCS compliance is dependent upon DMH achieving HIPAA TCS compliance. For Privacy and Security, since the Kirby Center is a joint program with DMH, the recommendation is that Kirby follow DMH policy and procedures for handling PHI.
0 N/A	0 N/A	0 N/A	DCFS has confirmed that they perform none of the HIPAA transactions. Under the revised Privacy rules, the DCFS is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that DCFS remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002. The cells to the left have been changed to reflect this recommendation.
0 N/A	0 N/A	0 N/A	APS has confirmed that they perform none of the HIPAA transactions. Under the revised Privacy rules, the APS is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that APS remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002. The cells to the left have been changed to reflect this recommendation.
N/A	N/A	N/A	DHR has confirmed that they perform none of the HIPAA transactions. In addition, DHR, when it receives or
0	0	0	

Transactions & Code Sets (Deadline 10/16/2002)	Privacy (Deadline 4/14/2003)	Security (Anticipated deadline about 2/2005)	Comment
N/A			<p>has access to PHI, is acting in its role as an employer, and that role is explicitly exempted in the revised Privacy rules. They have a choice as to whether they will be subject to HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that DHR remain outside the healthcare component of the County hybrid entity and therefore exempt from HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.</p> <p>The Employee Assistance Program (EAP), recently moved from DHR to the CAO, was evaluated while it was part of DHR. Essentially the same analysis as above for Occupational Health applies to EAP and the recommendation is the same.</p> <p>The cells to the left have been changed to reflect this recommendation.</p>
0	0	0	<p>The Coroner has confirmed that they perform none of the HIPAA transactions. Under the revised Privacy rules, the Coroner is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that Coroner remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.</p> <p>The cells to the left have been changed to reflect this recommendation.</p>
N/A			
N/A			
3	3	3	<p>No change in status; TTC is primarily in a supporting role for DHS and DMH. All protected health information that passes through T&TC originates in either DHS or DMH. Specific recommendations under the new Privacy rules will be forwarded to the Board before October 30, 2002.</p>
0	0	0	<p>MVS has confirmed that they perform none of the HIPAA transactions. Under the revised Privacy rules, the MVS is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that MVS remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.</p>
N/A			

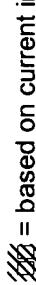
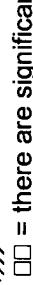
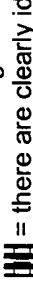
	Transactions & Code Sets (Deadline 10/16/2002)	Privacy (Deadline 4/14/2003)	Security (Anticipated deadline about 2/2005)	Comment
N/A				<p>more detail in a letter to the Board to be submitted by the end of October 2002.</p> <p>This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.</p> <p>The cells to the left have been changed to reflect this recommendation.</p>
2	3	1		All protected health information that passes through ISD originates in either DHS or DMH. ISD is an active participant in DMH and DHS HIPAA compliance efforts. They are working with DMH to implement the solution to the TCS issues identified in the DMH Remediation Plan. The caution level status under Transactions and Code Sets signifies concern about the resources necessary to assist DMH with meeting the Transaction and Code Sets deadline. Specific recommendations under the new Privacy rules will be forwarded to the Board before October 30, 2002.
2	2	2		
2				All protected health information that passes through A-C originates in either DHS or DMH. Specific recommendations under the new Privacy rules will be forwarded to the Board before October 30, 2002.

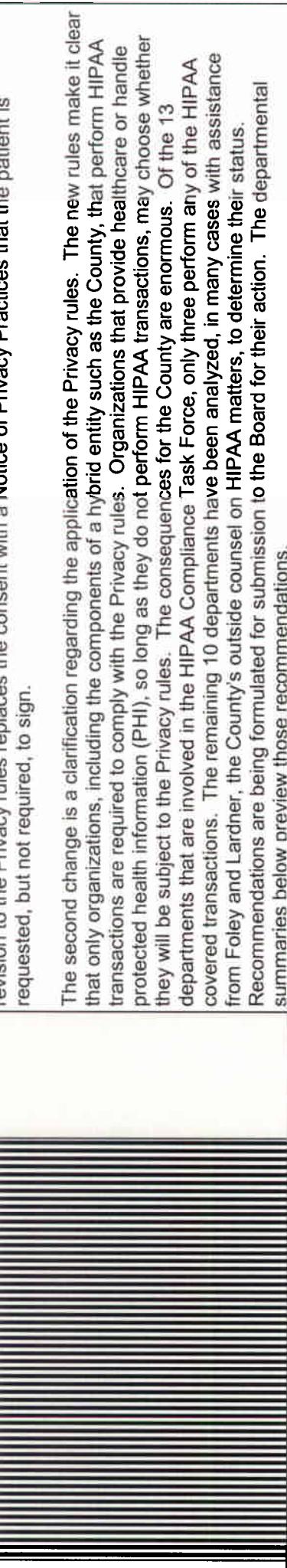
**ATTACHMENT C
(VERSION II)**

**KEY IS *NOT* COLOR COLODED
(COLOR PRINTER *NOT* REQUIRED)**

HIPAA Impact on LA County Departments – August 2002 Update

(or greater)
than Y2K, but still requiring a team effort to accomplish)

Ability to Meet Deadline Key:
 = based on current information, it appears achievable
 = there are significant obstacles or areas of uncertainty or concerns about resources (caution)
 = there are clearly identifiable threats or resources significantly below requirements (warning)

Transactions & Code Sets (Deadline 10/16/2002)	Privacy (Deadline 4/14/2003)	Security (Anticipated deadline about 2/2005)	Comment
1	1		<p>The modifications to the Privacy rules proposed in March 2002 became final on August 8, 2002, in substantially the form in which they were proposed. There are two key provisions that are important to the County. First, the new rules eliminate the requirement to obtain consent for the use of Protected Health Information (PHI). This requirement would have imposed some obstacles to delivery of healthcare. The revision to the Privacy rules replaces the consent with a Notice of Privacy Practices that the patient is requested, but not required, to sign.</p> <p>The second change is a clarification regarding the application of the Privacy rules. The new rules make it clear that only organizations, including the components of a hybrid entity such as the County, that perform HIPAA transactions are required to comply with the Privacy rules. Organizations that provide healthcare or handle protected health information (PHI), so long as they do not perform HIPAA transactions, may choose whether they will be subject to the Privacy rules. The consequences for the County are enormous. Of the 13 departments that are involved in the HIPAA Compliance Task Force, only three perform any of the HIPAA covered transactions. The remaining 10 departments have been analyzed, in many cases with assistance from Foley and Lardner, the County's outside counsel on HIPAA matters, to determine their status. Recommendations are being formulated for submission to the Board for their action. The departmental summaries below preview those recommendations.</p>

Transactions & Code Sets (Deadline 10/16/2002)	Privacy (Deadline 4/14/2003)	Security (Anticipated deadline about 2/2005)	Comment
		<p>The status indicated under Transactions and Code Sets reflects issues described in detail in the DHS and DMH sections below. The schedule status remains at a warning level, however, Federal law allows the County to request a 1 year postponement of the Transactions and Code Sets compliance deadline extending it to October 2003. It is in the County's interests to request such an extension and the CIO will submit the application for extension, electronically, before October 1, 2002.</p> <p>Much of the Privacy work is at the department level, however, the County is hiring an Information Privacy Officer per HIPAA requirements. This position will report to the County's Chief Information Officer. Candidate interviews have begun, but have not been completed at the time of this report.</p> <p>Security is being assessed at the County level, taking into account work at DHS and DMH because of their urgent need to get an early assessment of their status. The final security rules have not been published, and, while few changes were expected from the draft rules, the continuing delay in releasing them suggests that modifications from the draft rules may not be trivial. The County will be significantly challenged to achieve full compliance within the allotted 26 months after final publication of the rules. The CIO is attempting to get an early start to give the County the best possible chance of succeeding. The Cyber Terrorism Task Force has developed proposals that move the County towards a security program that will meet HIPAA requirements. The County has released job bulletins for the County Information Security Officer and the Information Security Specialist positions. They will lead the County's security program development efforts once hired. While this activity is more than 30 days behind the original schedule, the color coding is changed in this report to green reflecting that, with the delay in release of the Security rules, and the continuing preparations on the part of the County, timely HIPAA Security compliance appears achievable.</p>	
1	1	1	<p>On August 20, 2002, DHS installed new managers to provide leadership for the HIPAA Compliance Project. Fred Leaf, Chief Operating Officer, is the project Executive Sponsor and Robert Greenless, Ph.D., Chair of the Los Angeles County HIPAA Compliance Task Force, is the Project Director. Within the next three weeks, DHS will identify the Project Managers for HIPAA Privacy and Transactions and Code Sets. DHS will seek a consultant through the ITSMMA process to lead the Security portion of the project because resources with the appropriate skill sets are not currently available in DHS.</p> <p>All assessment and gap analysis work is completed. Most recommendations from SecureSoft and Fox Systems, Inc., the DHS HIPAA Compliance Consultants, are either complete or in review.</p>

Transactions & Code Sets	Privacy	Security (Anticipated deadline about 2/2005)	Comment
(Deadline 10/16/2002)	(Deadline 4/14/2003)	Systems, Inc., the DHS HIPAA Compliance Consultants, are either complete or in review.	Remediation work plans based on the consultant recommendations are in the review process for both TCS and Privacy. The Security plan will await the arrival of contract resources.
1	1	1	Fox Systems, Inc., the DMH HIPAA Compliance Consultant, has completed its work and provided DMH with a HIPAA Compliance Plan. Based on that plan, DMH submitted a contract with Sierra System, Inc. to the Board for approval on the September 3, 2002, Agenda. This contract will provide DMH with a HIPAA compliant solution for TCS as well as Privacy and Security where it relates directly to the operation and use of the "Integrated system solution" that Sierra will provide. The Board approved the contract with Sierra Systems on September 3, 2002. DMH has established a Privacy Officer and has a team actively working on compliance with HIPAA Privacy rules. They are addressing provider contract issues, writing new or revised policies, and providing initial

Transactions & Code Sets (Deadline 10/16/2002)	Privacy (Deadline 4/14/2003)	Security (Anticipated deadline about 2/2005)	Comment
		DMH has focused internal resources on improving information security, but anticipates requiring investments to address physical security requirement, operation changes, staffing and technology to comply with the anticipated level of security required by HIPAA. The Sierra Contract will address the HIPAA Security rules related to the system solution provided under their contract.	Training to DMH staff.
0	0	The Sheriffs Department has confirmed in writing that they perform none of the HIPAA transactions. Under the revised Privacy rules, the Sheriff is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that the Sheriff remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.	The cells to the left have been changed to reflect this recommendation.
N/A	N/A	N/A	
N/A	N/A	N/A	
0	0	DPSS has confirmed that they perform none of the HIPAA transactions. Under the revised Privacy rules, the DPSS is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that DPSS remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.	The cells to the left have been changed to reflect this recommendation.
N/A	N/A	N/A	

Transactions & Code Sets (Deadline 10/16/2002)	Privacy (Deadline 4/14/2003)	Security (Anticipated deadline about 2/2005)	Comment
3	3	3	<p>Probation has confirmed that they perform one HIPAA transactions at the Kirby Center. This is a health care claim transaction that is executed by DMH through its Mental Health Management Information System (MHMIS). Under the revised Privacy rules, Probation may decide to have the entire department subject to HIPAA or confine the application of the HIPAA rules to the Kirby Center. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that Probation confine the application of HIPAA rules to the Kirby Center. The remainder of Probation's programs and services should remain outside the healthcare component of the County hybrid entity and therefore exempt from HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.</p> <p>The cells to the left have been changed to reflect this recommendation. The color coding reflects the status of the DMH HIPAA compliance effort because Kirby Center TCS compliance is dependent upon DMH achieving HIPAA TCS compliance. For Privacy and Security, since the Kirby Center is a joint program with DMH, the recommendation is that Kirby follow DMH policy and procedures for handling PHI.</p>
0	0	0	<p>DCFS has confirmed that they perform none of the HIPAA transactions. Under the revised Privacy rules, the DCFS is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that DCFS remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.</p> <p>The cells to the left have been changed to reflect this recommendation.</p>
0	0	0	<p>APS has confirmed that they perform none of the HIPAA transactions. Under the revised Privacy rules, the APS is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that APS remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.</p> <p>The cells to the left have been changed to reflect this recommendation.</p>
N/A	N/A	N/A	
N/A	N/A	N/A	
N/A	N/A	N/A	
0	0	0	<p>DHR has confirmed that they perform none of the HIPAA transactions. In addition, DHR, when it receives or</p>

Transactions & Code Sets (Deadline 10/16/2002)	Privacy (Deadline 4/14/2003)	Security (Anticipated deadline about 2/2005)	Comment
N/A		has access to PHI, is acting in its role as an employer, and that role is explicitly exempted in the revised Privacy rules. They have a choice as to whether they will be subject to HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that DHR remain outside the healthcare component of the County hybrid entity and therefore exempt from HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.	
	The Employee Assistance Program (EAP), recently moved from DHR to the CAO, was evaluated while it was part of DHR. Essentially the same analysis as above for Occupational Health applies to EAP and the recommendation is the same.	The cells to the left have been changed to reflect this recommendation.	
0	0	0	The Coroner has confirmed that they perform none of the HIPAA transactions. Under the revised Privacy rules, the Coroner is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that Coroner remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.
N/A		The cells to the left have been changed to reflect this recommendation.	
3	3	3	No change in status; TTC is primarily in a supporting role for DHS and DMH. All protected health information that passes through T&TC originates in either DHS or DMH. Specific recommendations under the new Privacy rules will be forwarded to the Board before October 30, 2002.
N/A		0	MVS has confirmed that they perform none of the HIPAA transactions. Under the revised Privacy rules, the MVS is not required to comply with the HIPAA Privacy rules. The recommendation of the HIPAA Compliance Task Force and Foley-Lardner, outside counsel, is that MVS remain outside the healthcare component of the County hybrid entity and exempt from the HIPAA Privacy rules. This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.
0	0	0	N/A

Transactions & Code Sets	Privacy	Security (Anticipated deadline about 2/2005)	Comment
(Deadline 10/16/2002)	(Deadline 4/14/2003)	(Anticipated deadline about 2/2005)	<p>more detail in a letter to the Board to be submitted by the end of October 2002.</p> <p>This recommendation will be explained in more detail in a letter to the Board to be submitted by the end of October 2002.</p> <p>The cells to the left have been changed to reflect this recommendation.</p>
2	3	1	All protected health information that passes through ISD originates in either DHS or DMH. ISD is an active participant in DMH and DHS HIPAA compliance efforts. They are working with DMH to implement the solution to the TCS issues identified in the DMH Remediation Plan. The caution level status under Transactions and Code Sets signifies concern about the resources necessary to assist DMH with meeting the Transaction and Code Sets deadline. Specific recommendations under the new Privacy rules will be forwarded to the Board before October 30, 2002.
2	2	2	All protected health information that passes through A-C originates in either DHS or DMH. Specific recommendations under the new Privacy rules will be forwarded to the Board before October 30, 2002.

HIPAA Transactions and Code Sets Compliance Work Plan

Los Angeles County

Attachment D

ID	Task Name	Duration	Base Start	Base Finish	Act Start	Act Finish	Comments
1	Schedule initial meeting of HIPAA Compliance Task Force	1.4 wks	7/27/00	8/4/00	8/1/00	8/9/00	
2	Develop Agenda for Initial Meeting	0.2 wks	8/7/00	8/7/00	8/16/00	8/16/00	
3	Notify Attendees	2.8 wks	8/8/00	8/25/00	8/17/00	9/5/00	
4	Conduct initial meeting	1 day	9/6/00	9/6/00	9/6/00	9/6/00	
5	Conduct regularly scheduled HIPAA Task Force Meetings	600 days	10/5/00	1/22/03	9/20/00	NA	
6	Develop HIPAA work plan	7.6 wks	9/7/00	9/20/00	9/7/00	10/30/00	
7	Establish compliance program	7.6 wks	9/7/00	10/18/00	9/7/00	10/30/00	
8	Educate as necessary	273 days	9/7/00	1/24/01	9/13/00	9/28/01	
9	Identify potential speakers, conferences, training, etc.	54.6 wks	9/7/00	11/1/00	9/13/00	9/28/01	
10	Work with departments to select opportunities	52 wks	9/7/00	11/1/00	10/1/00	9/28/01	
11	Obtain approval for speakers, etc.	35 wks	10/19/00	11/5/00	1/29/01	9/28/01	
12	Schedule conferences/presentations	216 days	11/29/00	1/29/00	12/1/00	9/28/01	
13	Conduct/attend conferences/presentations	34 wks	11/30/00	1/24/01	2/5/01	9/28/01	
14	Evaluate outside assistance & obtain if necessary	43 days	9/21/00	11/1/00	9/21/00	11/20/00	
15	Identify specific initial consulting services required	43 days	9/21/00	11/1/00	9/21/00	11/20/00	
16	ID systems with HIPAA transactions	43 days	9/21/00	10/4/00	9/21/00	11/20/00	
17	ID operational units involved w/ transactions/code sets	43 days	10/5/00	10/18/00	9/21/00	11/20/00	
18	ID contractors involved with HIPAA transactions	43 days	10/5/00	10/5/00	9/21/00	11/20/00	
19	ID procedures, policies, forms, training impacted	43 days	10/12/00	11/1/00	9/21/00	11/20/00	
20	Identify means of acquisition	44 days	9/21/00	10/4/00	10/15/00	12/14/00	
21	Identify funding	28 days	10/5/00	10/11/00	11/15/00	12/24/00	
22	Prepare procurement documents	289 days	10/12/00	10/25/00	11/15/00	12/24/00	
23	Process procurement	0 wks	11/9/00	12/6/00	2/10/01	2/10/01	
24	Departmental Assessment/Gap Analysis	341 days	12/7/00	2/22/01	4/10/01	7/30/02	
25	Identify areas to assess	159 days	12/7/00	12/8/00	4/10/01	11/16/01	
26	Identify potential tools	159 days	12/1/00	12/12/00	4/10/01	11/16/01	
27	Determine assessment approach	159 days	12/1/00	12/12/00	4/10/01	11/16/01	
28	Identify assessment team	159 days	12/1/00	12/12/00	4/10/01	11/16/01	
29	Schedule Assessment	159 days	12/13/00	12/14/00	4/10/01	11/16/01	
30	Conduct/document Assessment	194 days	12/15/00	2/8/01	4/10/01	7/30/02	
31	Evaluate gaps between regulations & current environment	2 days	2/9/01	2/22/01	4/10/01	7/30/02	
32	Document gaps	341 days	2/16/01	2/22/01	4/10/01	7/30/02	
33	Develop a plan to close the gap	359 days	2/23/01	4/5/01	4/10/01	8/23/02	
34	Obtain Departmental approval of Plan	3 days	4/6/01	4/10/01	1/15/02	NA	
35	Obtain CIO/HIPAA Task Force approval of plan	10 days	4/11/01	4/24/01	4/4/02	NA	
36	Obtain necessary approvals and resources	30 days	4/25/01	6/5/01	4/25/01	NA	
37	Execute the plan and monitor execution	325 days	6/6/01	9/3/02	4/17/02	NA	
38	Test IT Transactions	190 days	1/4/02	9/26/02	NA	NA	
39	Evaluate compliance program	80 days	9/4/02	12/24/02	NA	NA	
40	Continue compliance program	1000 days	12/25/02	10/24/06	NA	NA	

HIPAA Privacy Compliance Work Plan Los Angeles County

Attachment E

ID	Task Name	Duration	B Start	B Finish	Act Start	Act Finish	Comments
1	Assessment	217 d	10/1/01	1/18/02	10/1/01	7/30/02	
2	Identify where Protected Health Information (PHI) is used	217 d	10/1/01	11/23/01	10/1/01	7/30/02	
3	Identify Sources of PHI	217 d	10/1/01	11/23/01	10/1/01	7/30/02	
4	Determine if PHI use continues to be necessary	201 d	11/19/01	11/23/01	10/23/01	7/30/02	
5	Gather existing policies and procedures related to PHI	194 d	11/26/01	1/18/02	11/1/01	7/30/02	
6	Identify existing privacy laws to which you comply	194 d	11/26/01	1/18/02	11/1/01	7/30/02	
7	Schedule initial Gap Analysis Meeting	78 d	1/14/02	1/18/02	10/15/01	1/30/02	
8	Gap Analysis	118 d	1/21/02	3/1/02	9/10/01	NA	
9	Determine where an Authorization is required to obtain PHI	10 d	1/21/02	2/1/02	10/23/01	NA	DMH & most DHS complete, PHP in revit
10	Identify impact on contracts or business partner relationships	10 d	1/21/02	2/1/02	10/10/01	NA	DMH & most DHS complete, PHP in revit
11	Identify other HIPAA Privacy impacts on use of PHI	20 d	1/21/02	2/15/02	10/2/01	NA	DMH & most DHS complete, PHP in revit
12	Identify HIPAA conflicts with existing State law	20 d	1/21/02	2/15/02	10/15/01	NA	DMH & most DHS complete, PHP in revit
13	Identify new policies & procedures or required modifications	20 d	1/28/02	2/22/02	9/10/01	NA	DMH & most DHS complete, PHP in revit
14	Identify any IT impact	20 d	2/4/02	3/1/02	1/24/02	NA	DMH & most DHS complete, PHP in revit
15	Identify staffing and training impacts	20 d	2/4/02	3/1/02	9/17/01	NA	DMH & most DHS complete, PHP in revit
16	Develop Remediation Plan	80 d	3/14/02	6/21/02	1/24/02	NA	
17	Resolve issues with HIPAA and existing law	20 d	3/4/02	3/29/02	1/24/02	NA	DHS & DMH in progress
18	Authorizations	20 d	3/4/02	3/29/02	1/24/02	NA	DHS & DMH in progress
19	Contracts	20 d	3/4/02	3/29/02	1/24/02	NA	DHS & DMH in progress
20	Policy and Procedures	20 d	3/4/02	3/29/02	1/24/02	NA	DHS & DMH in progress
21	IT	40 d	3/4/02	4/26/02	1/24/02	NA	DHS & DMH in progress
22	Staffing and Training	40 d	3/4/02	4/26/02	1/24/02	NA	DHS & DMH in progress
23	Funding	20 d	4/29/02	5/24/02	NA	NA	DHS & DMH in progress
24	Approvals	30 d	5/13/02	6/21/02	NA	NA	DHS & DMH in progress
25	Execute Remediation Plan and Train Staff	170 d	6/24/02	2/14/03	NA	NA	
26	Develop necessary authorizations	40 d	6/24/02	8/16/02	NA	NA	DHS & DMH in progress
27	Modify contracts as necessary	60 d	6/24/02	9/13/02	NA	NA	DHS & DMH in progress
28	Modify information systems as necessary	80 d	7/8/02	10/25/02	NA	NA	DHS & DMH in progress
29	Develop or modify policies and procedures as necessary	60 d	8/5/02	10/25/02	NA	NA	DHS & DMH in progress
30	Acquire, re-assign, or train staff as necessary	160 d	7/8/02	2/14/03	NA	NA	DHS & DMH in progress

HIPAA Privacy Compliance Workplan for Non-Healthcare Components (Users of Protected Health Information) Los Angeles County

ID	Task Name	Duration	Base Start	Base Finish	Act Start	Act Finish	Comments
1	Assessment						
2	Identify where Protected Health Information (PHI) is used	206 d	10/1/01	1/18/02	10/1/01	7/15/02	
3	Identify Sources of PHI	206 d	10/1/01	11/23/01	10/1/01	7/15/02	
4	Determine if PHI use continues to be necessary	190 d	11/19/01	11/23/01	10/23/01	7/15/02	
5	Gather existing policies and procedures related to PHI	183 d	11/26/01	1/18/02	11/1/01	7/15/02	
6	Identify existing privacy laws to which you comply	183 d	11/26/01	1/18/02	11/1/01	7/15/02	
7	Schedule initial Gap Analysis Meeting	175 d	1/14/02	1/18/02	10/15/01	6/15/02	
8	Assess Privacy Notice of Proposed Rule Making (NPRM)	127 d	3/27/02	8/6/02	3/27/02	NA	
9	Preliminary evaluation of proposed changes & impact on Col	35 d	3/27/02	5/14/02	3/27/02	5/14/02	
10	Follow-up assessment sessions with complex departments	44 d	5/15/02	6/25/02	5/15/02	7/15/02	
11	Review Final Rule for any Changes to NPRM	8 d	8/13/02	8/19/02	8/14/02	8/23/02	
12	Formulate Recommendations to the Board	8 d	6/26/02	7/9/02	8/14/02	8/23/02	
13	Submit Recommendations to the Board	5 d	7/10/02	7/16/02	8/23/02	NA	letter being drafted
14	Board approves Recommendations	15 d	7/17/02	8/6/02	NA	NA	NA plan becomes inactive if approved as drafted
15	Gap Analysis	224 d	1/21/02	3/1/02	10/10/01	NA	
16	Determine where an Authorization is required to obtain PHI	10 d	1/21/02	2/1/02	10/23/01	NA	
17	Identify impact on contracts or business partner relationships	10 d	1/21/02	2/1/02	10/10/01	NA	
18	Identify other HIPAA Privacy impacts on use of PHI	20 d	1/21/02	2/15/02	11/27/01	NA	
19	Identify HIPAA conflicts with existing State law	20 d	1/21/02	2/15/02	11/27/01	NA	
20	Identify new policies & procedures & required modifications	20 d	1/28/02	2/22/02	NA	NA	
21	Identify any IT impact	20 d	2/4/02	3/1/02	NA	NA	
22	Identify staffing and training impacts	20 d	2/4/02	3/1/02	NA	NA	
23	Develop Remediation Plan	80 d	3/4/02	6/21/02	NA	NA	
24	Resolve issues with HIPAA and existing law	20 d	3/4/02	3/29/02	NA	NA	
25	Authorizations	20 d	3/4/02	3/29/02	NA	NA	
26	Contracts	20 d	3/4/02	3/29/02	NA	NA	
27	Policy and Procedures	20 d	3/4/02	3/29/02	NA	NA	
28	IT	40 d	3/4/02	4/26/02	NA	NA	
29	Staffing and Training	40 d	3/4/02	4/26/02	NA	NA	
30	Funding	20 d	4/29/02	5/24/02	NA	NA	
31	Approvals	30 d	5/13/02	6/21/02	NA	NA	
32	Execute Remediation Plan and Train Staff	170 d	6/24/02	2/14/03	NA	NA	

HIPAA Privacy Compliance Workplan for Non-Healthcare Components
 (Users of Protected Health Information)
 Los Angeles County

Attachment F

ID	Task Name	Duration	Base Start	Base Finish	Act. Start	Act. Finish	Comments
33	Develop necessary authorizations	40 d	6/24/02	8/16/02	NA	NA	NA
34	Modify contracts as necessary	60 d	6/24/02	9/13/02	NA	NA	NA
35	Modify information systems as necessary	80 d	7/8/02	10/25/02	NA	NA	NA
36	Develop or modify policies and procedures as necessary	60 d	8/5/02	10/25/02	NA	NA	NA
37	Acquire, re-assign, or train staff as necessary	160 d	7/8/02	2/14/03	NA	NA	NA

HIPAA Security Compliance Work Plan Los Angeles County

Attachment G

ID	Task Name	Duration	Bstart	Bfinish	Act Start	Act Finish	Comments
1	Final Rule Published (Estimated)	0 days	Mon 12/31/01	Mon 12/31/01	NA	NA	expected 12/02
2	Final Rule Effective (Estimated)	44 days	Tue 1/1/02	Fri 3/1/02	NA	NA	
3	Create LA County Security Office with CIO	120 days	Mon 9/3/01	Fri 2/15/02	Mon 9/3/01	NA	all authorized positions posted
4	Obtain Consulting Assistance	101 days	Mon 9/3/01	Mon 1/21/02	Mon 9/3/01	NA	
5	Draft SOW	20 days	Mon 9/3/01	Fri 9/28/01	Mon 9/3/01	Fri 9/28/01	
6	Get Internal approvals	5 days	Mon 10/1/01	Fri 10/5/01	Mon 10/1/01	Fri 10/5/01	on hold pending cyber-terrorism workgroup results
7	Get concurrence from ISD, County Council	30 days	Mon 10/8/01	Fri 11/16/01	Mon 10/8/01	NA	
8	Notify Board of ITSSMA Solicitation	15 days	Mon 11/19/01	Fri 12/7/01	NA	NA	
9	Release ITSSMA Solicitation	0 days	Fri 12/7/01	Fri 12/7/01	NA	NA	
10	Evaluate Responses	5 days	Mon 12/31/01	Fri 1/4/02	NA	NA	
11	Select Vendor	1 day	Mon 1/7/02	Mon 1/7/02	NA	NA	
12	Finalize Contract	10 days	Tue 1/8/02	Mon 1/21/02	NA	NA	
13	Begin Work	0 days	Mon 1/21/02	Mon 1/21/02	NA	NA	
14	Assessment	319 days	Tue 1/22/02	Mon 7/8/02	Tue 4/10/01	Sun 6/30/02	
15	Gap Analysis	90 days	Tue 7/9/02	Mon 11/11/02	Tue 9/25/01	NA	DMH & most DHS complete, PHP in review
16	Remediation Plan	90 days	Tue 11/12/02	Mon 3/17/03	Tue 1/29/02	NA	DMH developed a high-level remediation plan, but at this point not integrated into a County security approach, DHS remediation plan in review
17	Execute Plan	240 days	Tue 3/18/03	Mon 2/16/04	NA	NA	